2002 UNIFORM BUSINESS REPORT (UBR)

of the corporation or the ceiver or tribstee empowered to execute this report changed, or on an attachment with an address, with all other like empowered.

SIGNATURE AND TYPED OR PRINTED

SIGNATURE

May 19, 2002 8:00 am § Secretary of State S47449 DOCUMENT # 1. Entity Name 05-19-2002 90216 039 ***150.00 SHARON A. CUSCHIERI, P.A. Principal Place of Business Mailing Address 3336 TIMBERWOOD CIRCLE 3336 TIMBERWOOD CIRCLE NAPLES FL 33942 NAPLES FL 33942 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Applied For City & State City & State 4. FEI Number 65-0259084 Not Applicable Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent -7. Name and Address of New Registered Agent ---Name CUSCHIERI, SHARON A. Street Address (P.O. Box Number is Not Acceptable) 3336 TIMBERWOOD CIRCLE NAPLES FL 33942 Zip Code City 8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. SIGNATURE Signature, typed or printed name of registered agent and title it applicable (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After May 1, 2002 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. Change ☐ Addition TITI F ☐ Delete TITLE CUSCHIERI, SHARON A. NAME NAME 3336 TIMBERWOOD CIRCLE STREET ADDRESS STREET ADDRESS NAPLES FL CITY-ST-ZIP CITY-ST-7IP ☐ Addition ☐ Change TITLE Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP - · □ Delete ☐ Change Addition TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Change Addition TITLE ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Change ☐ Addition TITLE ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the certify or or tri)stee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if

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